In the summer of 1976, 26 children were kidnapped and held in a van for 11 h. Later, they were buried in a hole for 23 h. They finally dug out of the ceiling hole and managed to escape. The children had spent about 36 h away from their community. Their parents did not receive any news regarding their children for 27 h. The children were later taken to a nearby prison for treatment and physical checkups. No one died or was seriously injured, but the total period of separation was about 43 h.

The children were a mixture of different age groups, sex, and ethnic background. Terr interviewed 23 of the children, aged 5–14, and one or two parents over a period of 8 months. As a medical doctor, Terr’s main approach was psychoanalytically oriented; thus, she conducted intensive in-depth interviews with the children and their parents and investigated many new concepts. She did extensive dreamwork and concluded that the children fantasies of being shot became the basis for repetitious traumatic dreams. Just as the previous researchers, Terr noticed many regressive behaviors and developmental delays in the children, including difficulties in bladder control. During and after the event, all of the children experienced deep separation anxiety, visual and auditory hallucinations, and misperceptions. She cited the pioneers of psychoanalytic theory Anna Freud and Frust and did not agree with their notion of physical trauma accompanying psychic trauma. She reported that the kidnapped Chowchilla children experienced pure psychic (psychological) trauma. Terr postulated new concepts, such as “omens.” As a defense mechanism, the ego attempts to gain retrospective mastery or control through the discovery of “omens.” In doing so, the ego interprets prior events as omens and reconstructs the day’s happening in a way that would have avoided or prevented the trauma. To her, during (or after) the traumatic event, the ego exhibits its malfunctioning by developing an immediate “fear of further trauma” (future trauma). The concept of fear of further/future trauma was similar in nature to Rado’s notion of “traumatophobia.” However, Rado meant a replacement of fear into daily activities while Terr’s finding carries a more time/space-oriented understanding.

Terr’s contribution was that she was able to distinguish between symptoms that were only demonstrated by children and some previous symptoms that were characteristic of adult reactions that never manifested in children. None of the children exhibited the repression, amnesia, memory lapses, emotional numbing, or blurring of consciousness that were originally described as adult symptoms. Similarly, the lower level “primitive” defense mechanism of denial (appropriate for children and adults under extreme stress) was not employed by

MINI REVIEW

The First Man-made Trauma Study with Children: Terr’s Chowchilla Kidnapping Study

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ABSTRACT

The purpose of this mini review is to investigate one of the earliest man-made disaster trauma studies and compare and contrast with Freud’s concept of trauma. Terr (1979) conducted a yearlong longitudinal qualitative anecdotal study with kidnapped children. Fundamentally, she pointed out views on which she disagreed with Sigmund Freud and Anna Freud and redefined the trauma concept. However, she still stuck to psychoanalytic terminology and referred to trauma as “psychic trauma,” as Freud originally did.

Key words: Child kidnapping, man-made trauma, post-traumatic stress, psychic trauma

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children. On the other hand, the children demonstrated more age-specific symptoms. Unconscious anxiety manifested itself in play, behavioral reenactments, and repetitive dreams. The children showed some changes in cognitive functioning while some developed lasting personality changes. Terr was the first researcher who paid attention to children post-disaster school performance. Surprisingly enough, a change in school performance at a cognitive level was not common. Out of the 23 children, 8 showed changes for worse in their school performance while changes for the better were observed in 2 children. Low school performance was as a result of personality changes which led to conduct problems. Some students also developed school avoidance behavior. One of the main characteristics of post-traumatic stress disorder, flashbacks, or daytime intrusive visions was not observed in the Chowchilla children.

Play was the most important component of Terr’s research. Trauma-related play was repeated monotonously with no relief of anxiety. The major defenses in traumatic play were the turning of passive into active, displacement, identification with the aggressor, denial, and isolation effect. All of the post-event plays were somehow related to trauma, and children, as well as parents, were not aware of that. Likewise, surviving children were also involved in retelling the kidnapping stories with enjoyment. Half of the victims played or retold their kidnapping related experiences in a repetitious manner. In addition, many children manifested reenactment behaviors. Similarly, Terr also touched on the social dimension of this event. She stated that there were many move outs after the disaster and some community fragmentation occurred as a result of reasons directly related to the incident. These findings seemed to be in contrast to the earlier study in Mississippi. Some family separation was also observed within the months after the kidnapping. Furthermore, she reported a special type of reaction called “anniversary reaction,” which had previously been described for adults; some children demonstrated this type of behavior. In terms of age group (5–14 years), there were no significantly distinguishable behaviors between children and adolescents. There was an amazing similarity of responses across the entire age range.

Terr’s study with children was a pioneering breakthrough that showed children symptoms differed significantly from that of adults. Terr’s Chowchilla study led the way for considering special guidelines for children traumatic experiences. Special clinical guidelines were established for children following the publication of Terr’s studies.

REFERENCES


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